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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. REITZ-004A **Attorney Docket Number DECLARATION FOR UTILITY OR** Neal M. Reitz First Named Inv ntor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) Unknown **Application Number** Filing Date Declaration Declaration OR Submitted after Initial Submitted Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filina

	required)	Examiner Name	Onknown			
As the below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for wh	ch a patent is sough	nt on the invention entitled:		
DECORATIVE FACE MASK FOR USE AT SPORTING EVENTS						
	(Title of the In	vention)				
the specification of which						
is attached hereto						
OR [
was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International		
_						
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO_		
Additional foreign application au	mbare are listed an a supple	mental priority data cheet	PTO/SB/02B attach	ed hereto:		

PTO/SB/01 (10-01)
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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:						
Given Name Neal M. (first and middle [if any])		Reitz Family Name or Surname				
Inventor's Signature Date Jaw 16, 2003						
Residence: City	California State	Unit	ted States	United States		
3151 AIRWAY AVE, UNIT R-2 Mailing Address						
city COSTA MISSA	California state	ZIP /	72626	United States Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature				Date		
Residence: City	State	Count	гу	Citizenship		
Mailing Address						
Cit.	S	710				
City Additional inventors are being named on the	State supplemental Addition	ZIP onal Inventor(s) s	sheet(s) PTO/SB/	Country 02A attached hereto.		

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	Application Number	Unknown
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	Group Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	REITZ-004A

I hereby appoint: Place Customer Number Bar Practitioners at Customer Number 007663 Attention: Kit M. Stetina, Esq. OR						
Practitioner(s) named b						
	Name	Registration Number				
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Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number: Attention: [attorney name] Practitioners at Customer Number Code Label here Attention: [attorney name]						
Firm or Individual Name	Kit M. Stetina, Esq.					
Address STETINA BRUNDA GARRED & BRUCKER						
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I am the: Applicant. Assignee of record of the entire interest Certificate under 37 CFR 3.73(b) is enclosed						
SIGNATURE OF Applicant or Assignee of Record						
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if						
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